Latvijas HIV testēšanas pilotprojektu rezultāti un pilotprojektu pieredze citās projekta dalībvalstīs

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HERMETIC projekta zinātniskā vadītāja / vadošā pētniece

Rīgas Stradiņa universitāte

Valsts izglītības attīstības aģentūra

HIVera

BaltHIV

DIALOGS

THPDC0107LB

Diagnostic accuracy, feasibility and acceptability of HIV oral fluid rapid tests among hard-to-reach key populations in Latvia, the country with highest infection rates in Europe

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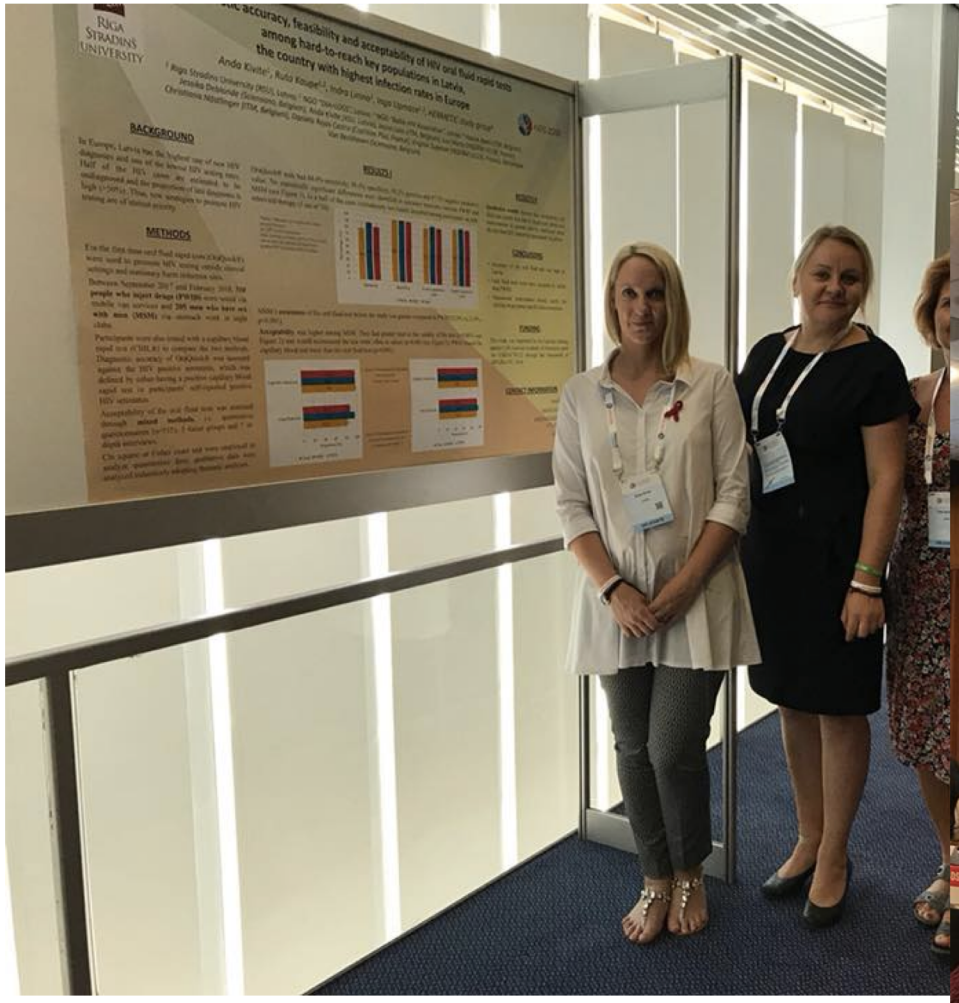
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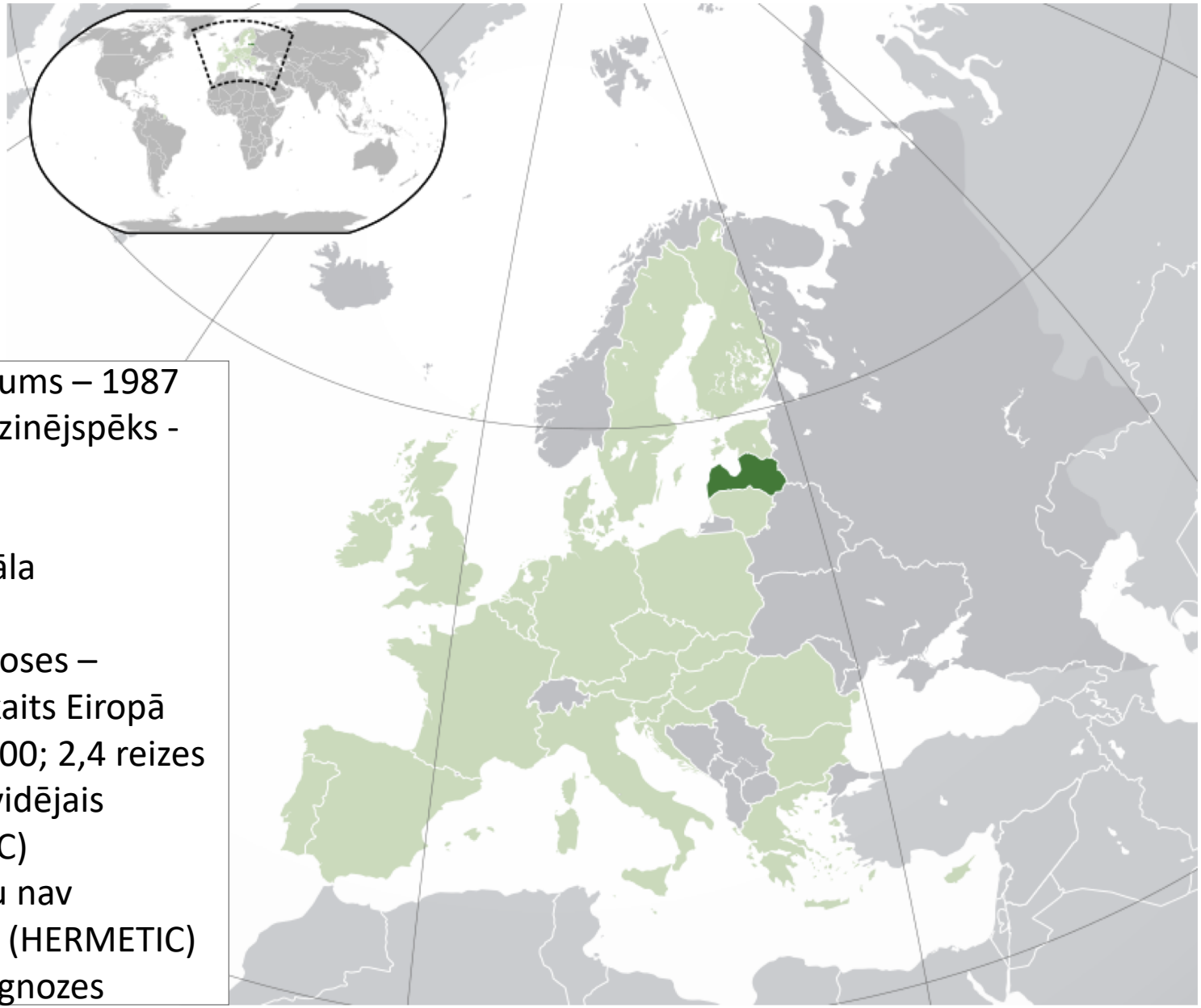
BACKGROUND
METHODS

WWW.AIDS2018.ORG
AIDS 2018
23-27 JULY 2018

https://en.wikipedia.org/wiki/Latvia#/media/File:EU-Latvia.svg



- Pirmais gadījums – 1987
- Epidēmijas dzinējspēks - PKIN
- Kopš 2008. – heteroseksuāla transmisija
- Jaunās diagnoses – augstākais skaits Eiropā (18,5 / 100 000; 2,4 reizes augstāks kā vidējais rādītājs, ECDC)
- 1/3 gadījumu nav diagnosticēti (HERMETIC)
- > ½ vēlas diagnozes

Metodes

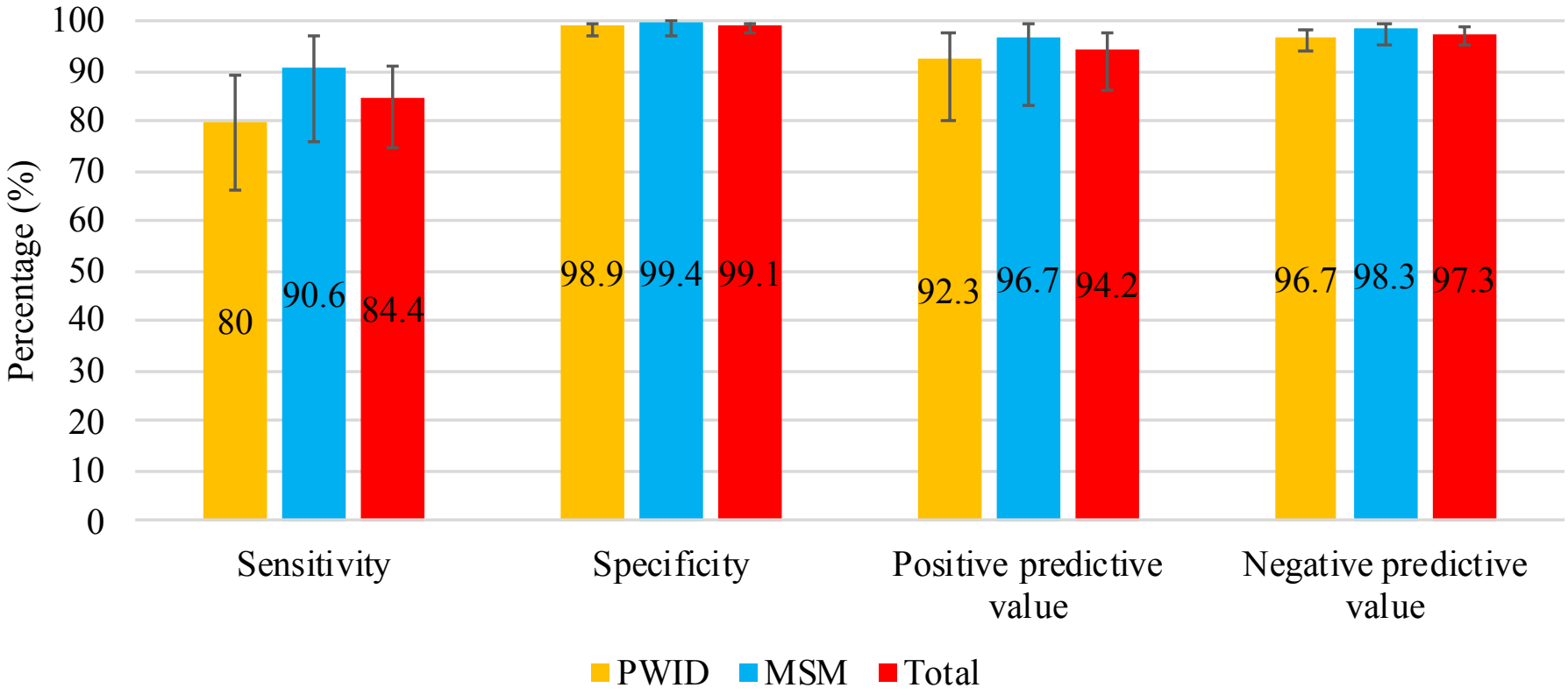
- Veicināt HIV testu veikšanu ārpus ārstniecības iestādēm un stacionārajiem kaitējuma mazināšanas punktiem – mutes dobuma sekrēta eksprestesti (OraQuick®) lietoti pirmo reizi *(vs kapilāro asiņu eksprestests (CHIL®))*
- Sept 2017 - Feb 2018:

310 personas, kuras injicē narkotikas (PKIN), mobile vienība + stacionārais punkts,

205 vīrieši, kuriem ir dzimumattiecības ar vīriešiem (VDV), "ielu" darbs naktsklubos + stacionārais punkts

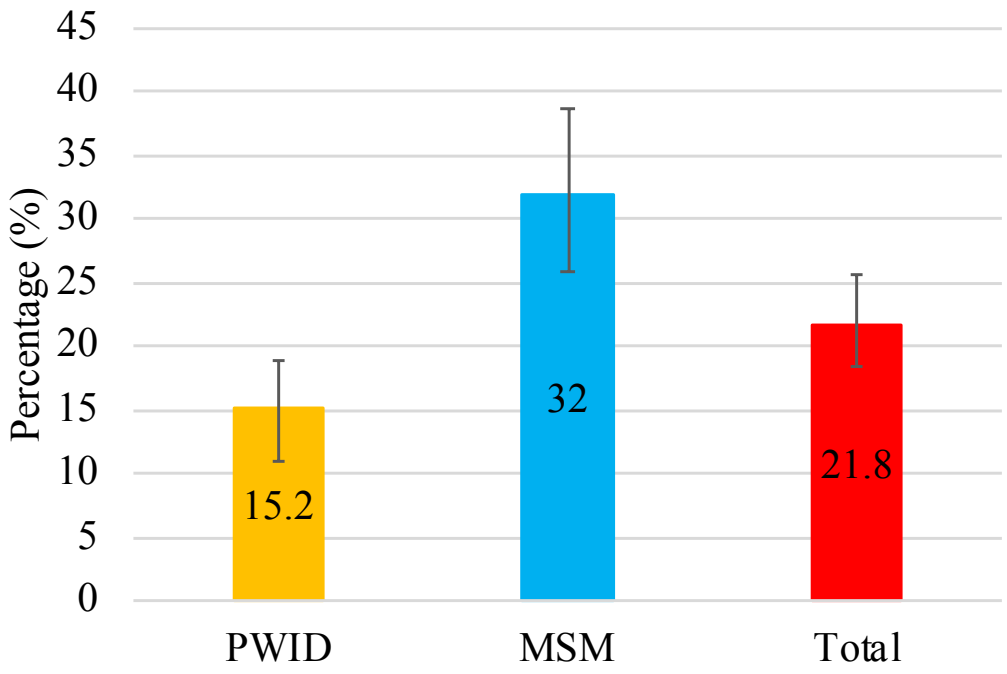
- Reference OraQuick® pareizības un snieguma rādītājiem - HIV pozitīvs serostatuss (vai nu pozitīvs asiņu eksprestests vai pašas personas ziņotais statuss)
- Pieņemamība - miksētās methodes (kvantitatīvā aptauja (n=515) + 3 fokusgrupas un 7 padziļinātās intervijas)
- Hī kvadrāta tests, Fišera precīzais tests – kvantitatīvajiem datiem; tematiskā analīze – kvalitatīvajiem datiem

OraQuick® pareizības un snieguma rādītāji

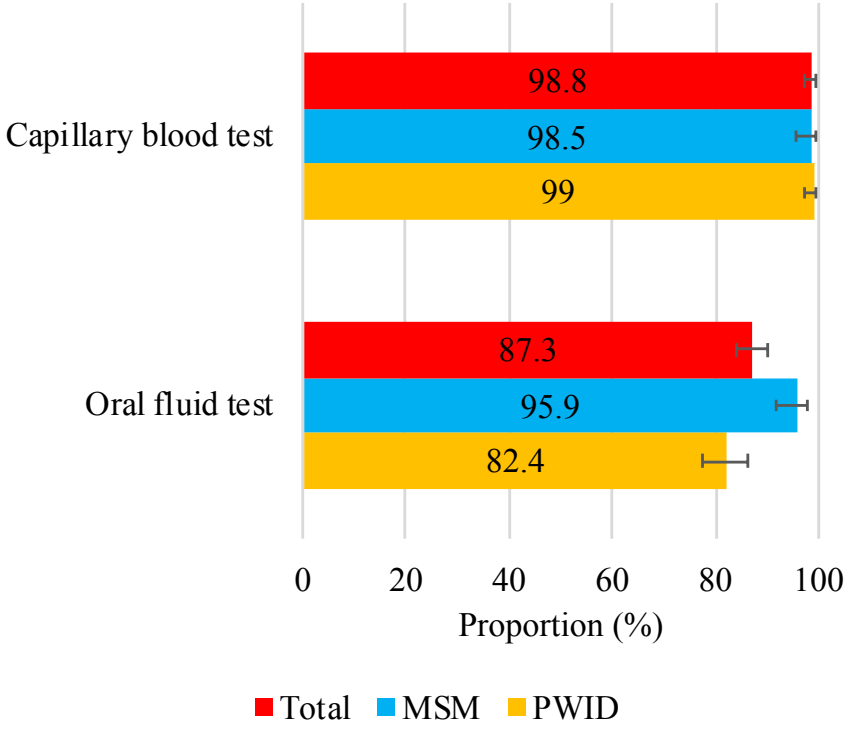


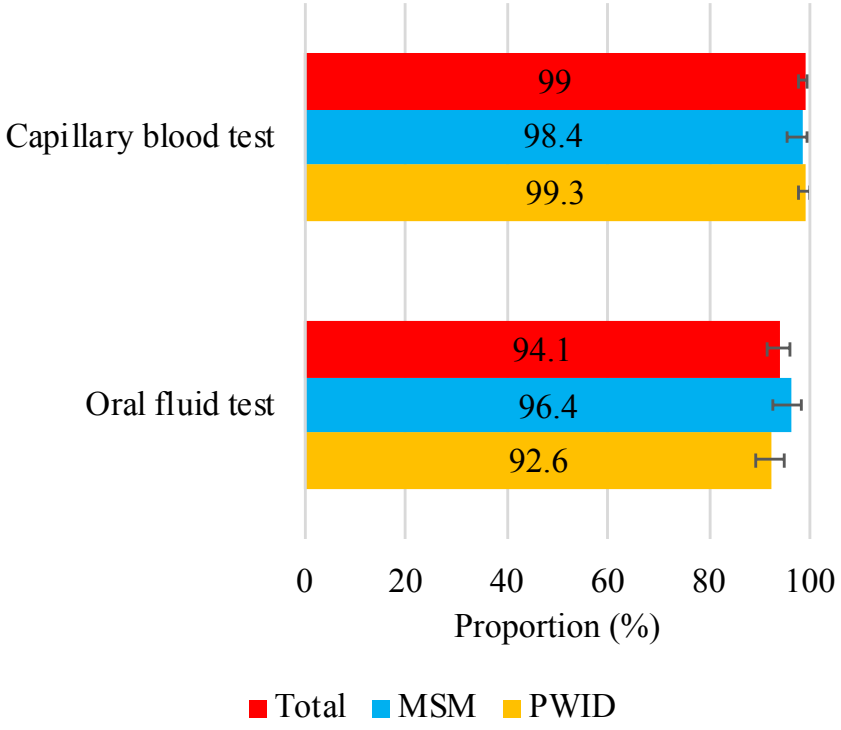
- Pareizība = gana augsta
- Nav statistiski ticamu atšķirību starp PKIN un VDV

- VDV par mutes dobuma sekrēta testu iepriekš bija zinājuši biežāk kā PKIN (p<0,001)



Respondentu īpatsvars, kuri:
← tic testa rezultātam,
→ Ieteiktu testu radiniekiem un draugiem





- Mutes dobuma sekrēta tests VDV pieņemāks kā PKIN

- Kvalitatīvā pētījuma rezultāti rāda, ka neuzticēšanās siekalu testiem rodas tādēļ, ka valda skepse pret jaunām metodēm kā tādām. Un tādēļ, ka valda mulsums saistībā ar to, ka HIV nevar tikt pārnests ar siekalām.

«Jauna lieta… es atceros, ka mēs sākām strādāt ar busu, tiem parastiem testiem, tiem, pie kuriem pieraduši, arī sākumā: Vai var viņiem ticēt? Kāds ir procents uzticamība?... Nu jā. Mēs esam tā iekārtoti. Ne visi ir gatavi pieņemt». (FG_prof_7)

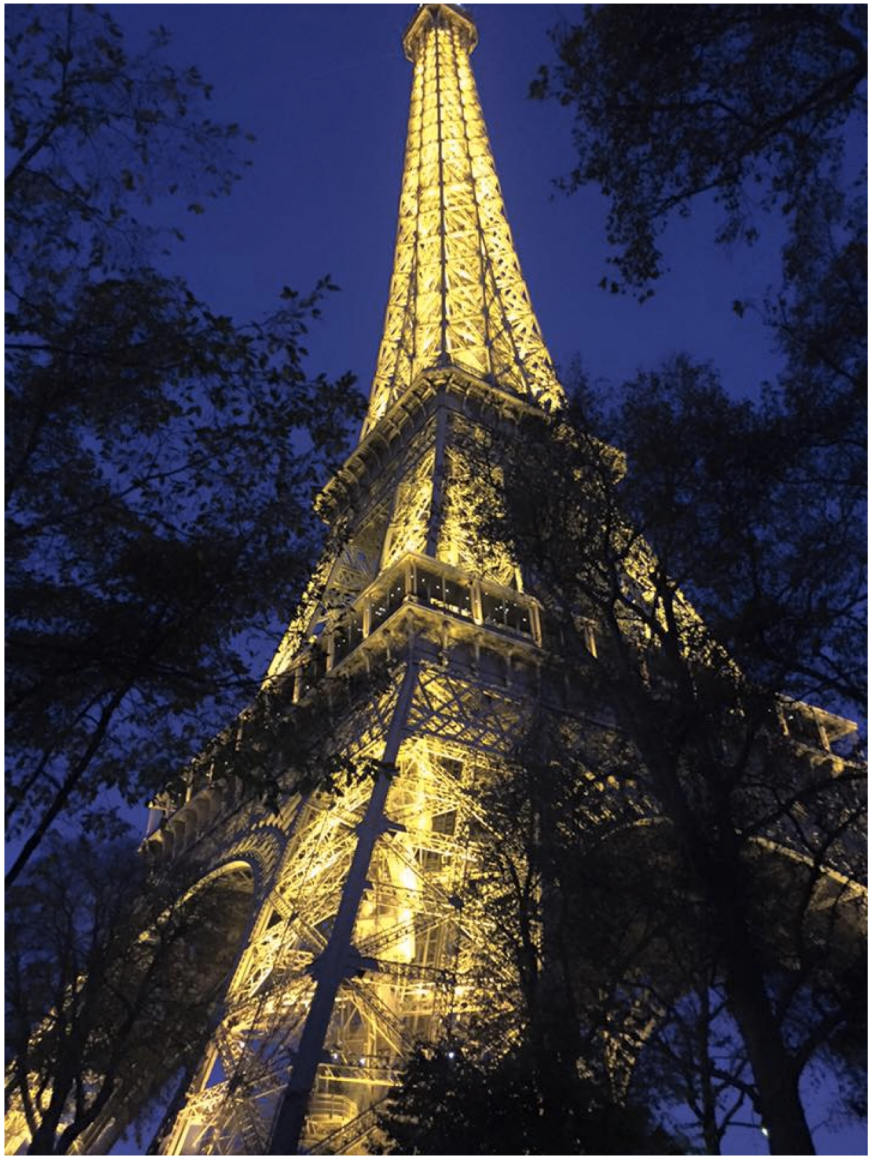
«..Un siekalu testi, drusku viņiem nav skaidrojuma, kāpēc mēs varam paņemt siekalu testu un viņš būs pozitīvs, negatīvs… viņi ļoti labi zina, ka ar asinīm var inficēties…» (2FG_prof_5)

Galvenie secinājumi

- Mutes dobuma sekrēta testa pareizība Latvijā ir augsta.
- Mutes dobuma sekrēta testu pieņemamība augstāka VDV populācijā kā PKIN vidū.
- Jāveic mērķa grupu izglītošana, lai kliedētu mītus un kļūdainus pieņēmumus.

Aktivitātes citās valstīs

FRANCIJA



4. Field Procedures at each site

1st step: Visibility

Advertising campaign and contacts with local key informants

Octobre 2016

2nd step: Mobile van testing

Mobile van with a tent at the bottom of the the buildings offering HIV testing and health information.

Novembre 2016

3rd step: Mobile van and door-to-door testing

HIV testing is offered :

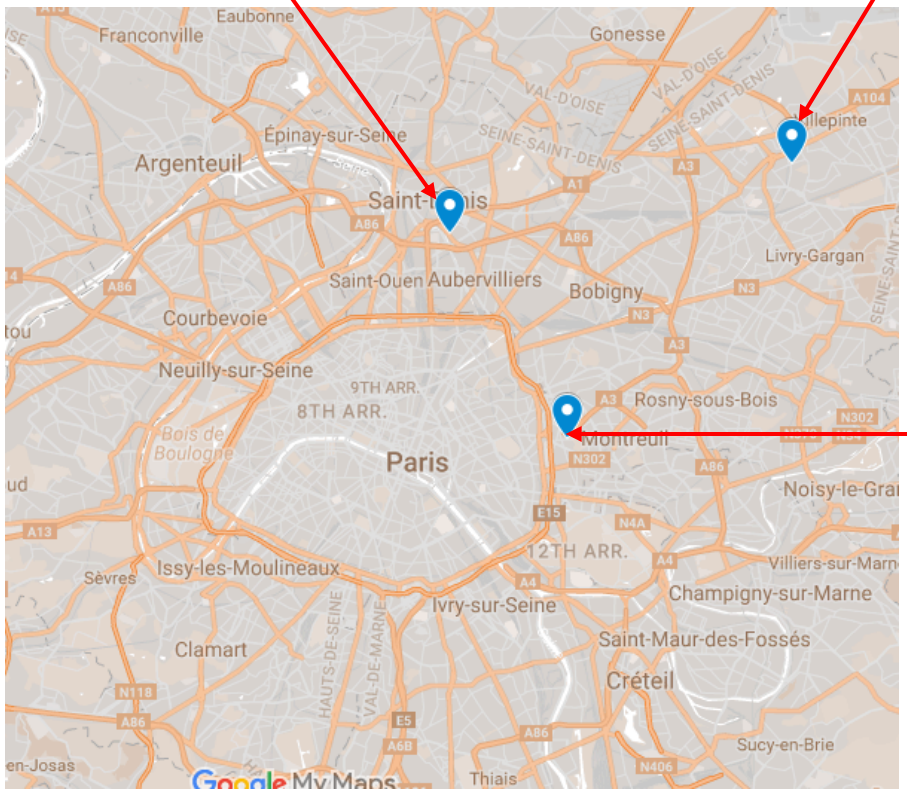
- to all groups at the van
- to the targeted migrant populations for home-based testing.

Decembre 2016 -February 2017

All field workers were trained → Workshops held in October 2016:
to **present the objectives** of the intervention,
to **share fears and concerns,**
to appropriate the tools,
to **help adopt a good position towards migrant populations** during the intervention.

Saint-Denis city, Franc-Moisins district

Sevran city, Beaudottes district

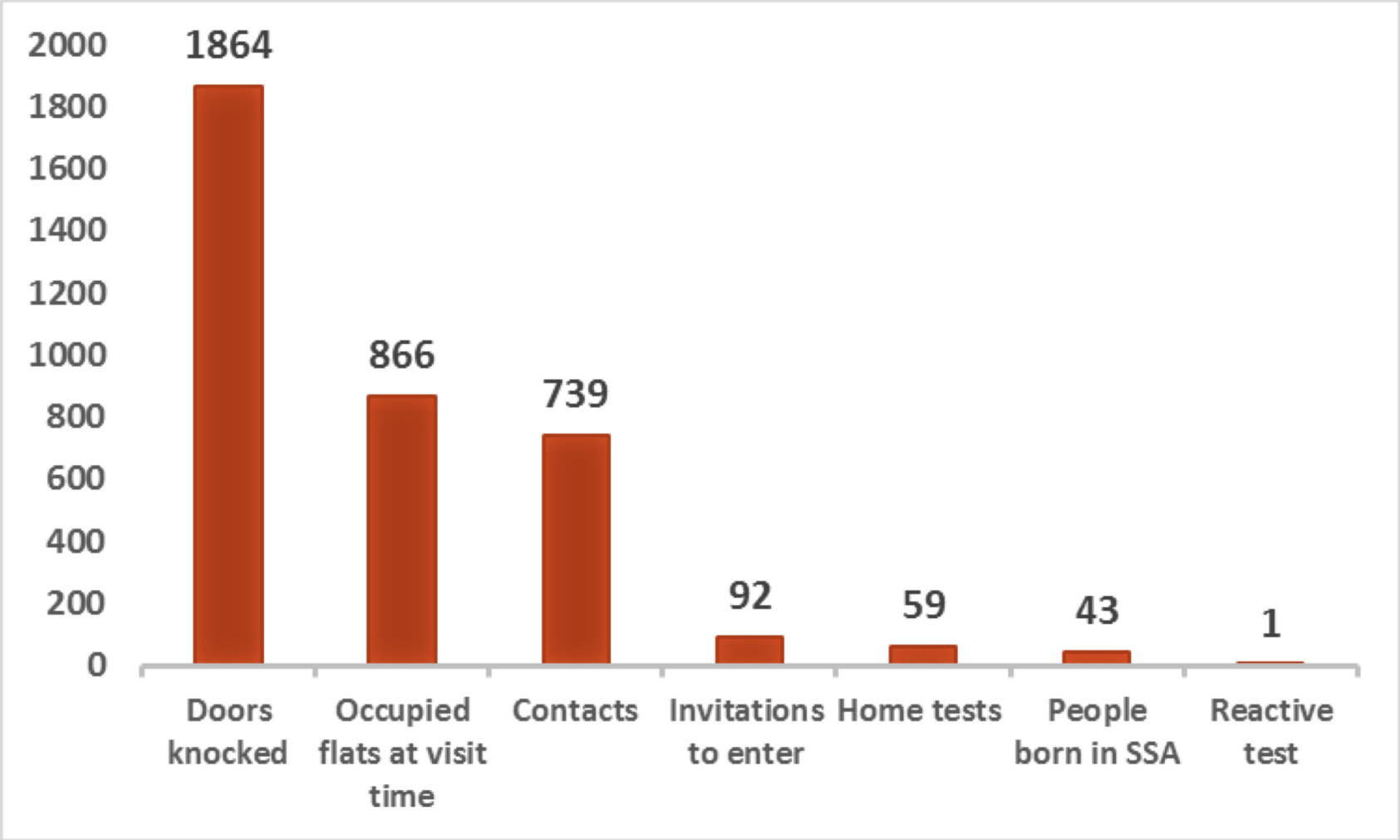


Bagnolet city, Capsulerie district

Selected sites of intervention in the Seine-Saint-Denis Department in France.

SANTE

2. Door-to-door HIV testing cascade



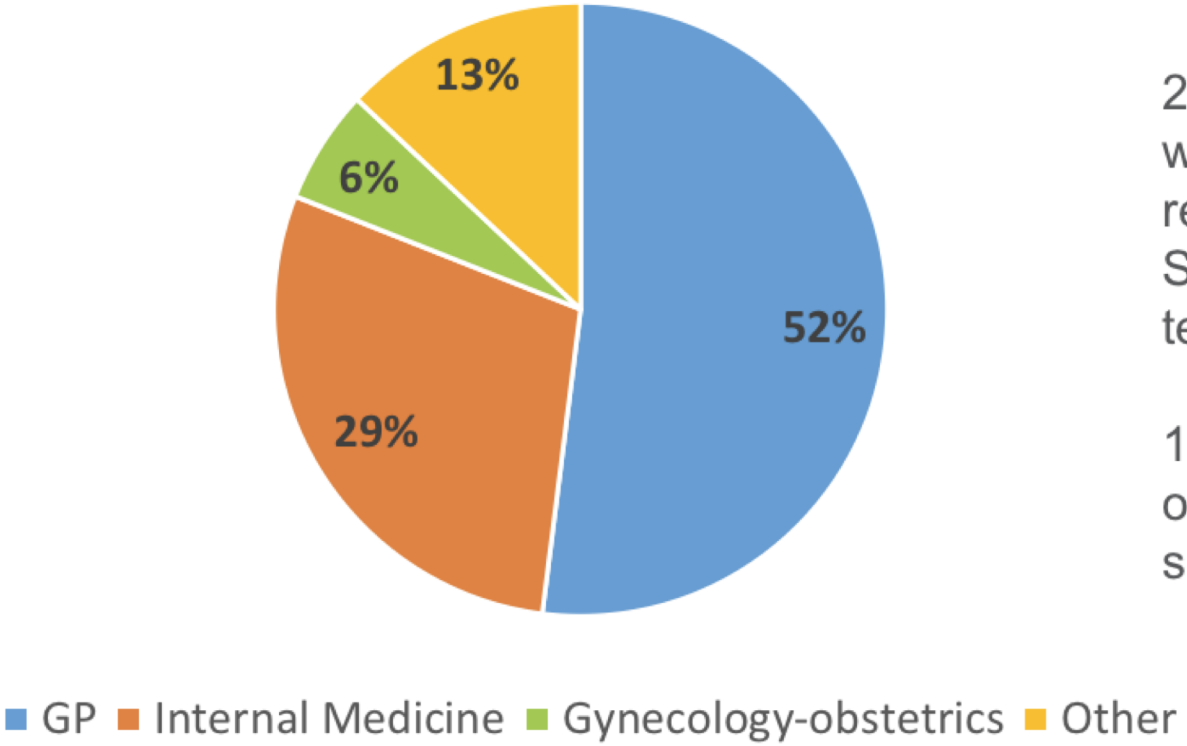
Aktivitātes citās valstīs

BEĻĢIJA

3d question: landscape of HIV testing services in Belgium

Types of physicians diagnosing HIV infection

- Data available for 1611 patients diagnosed in 2016-2017



20% by physicians working in AIDS reference centres or HIV-STI (low-threshold) testing centres

1% by physicians of organizations supporting sex workers

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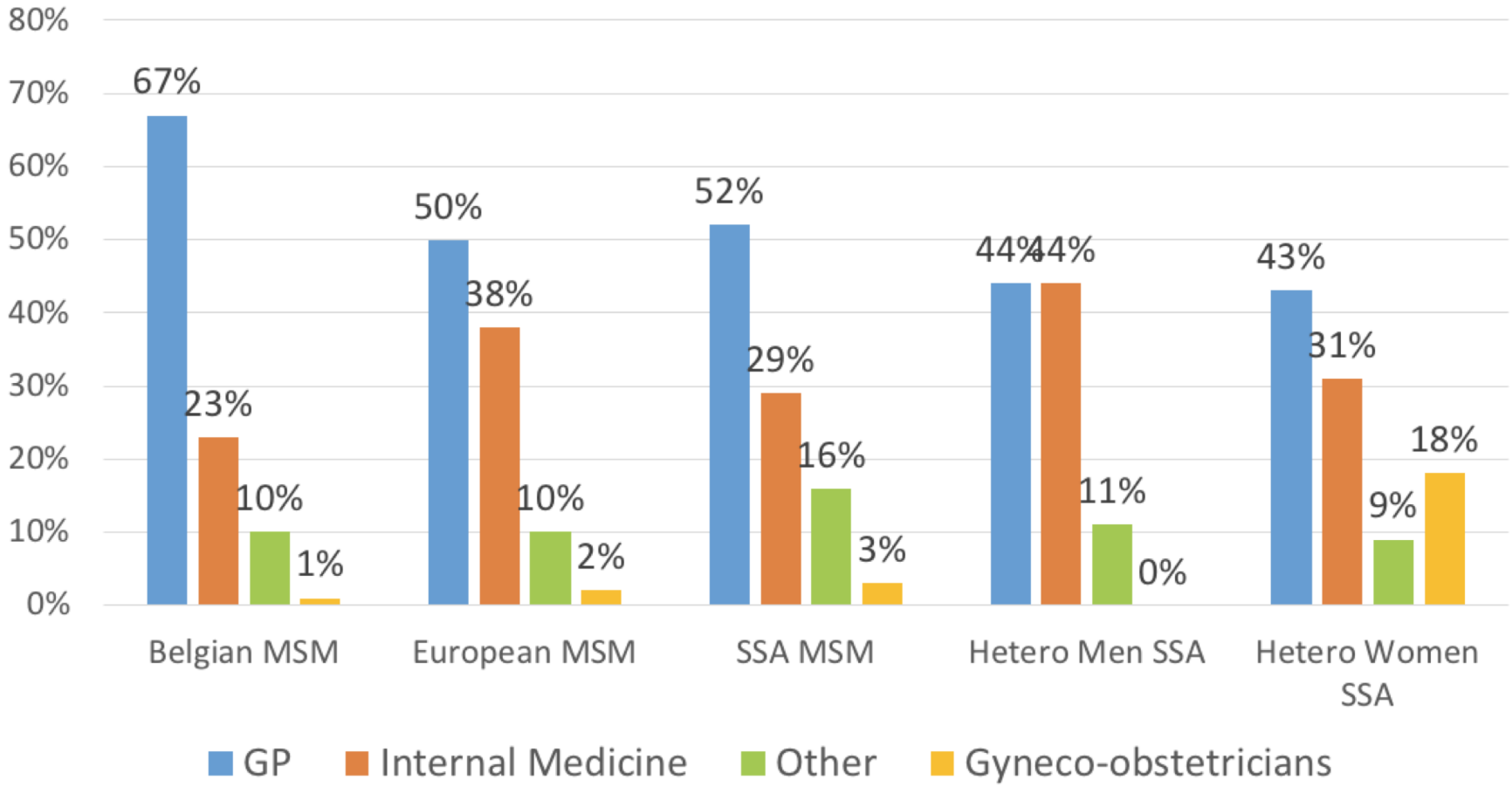
3d question: landscape of HIV testing services in Belgium

HIV diagnoses of key populations



Included studies

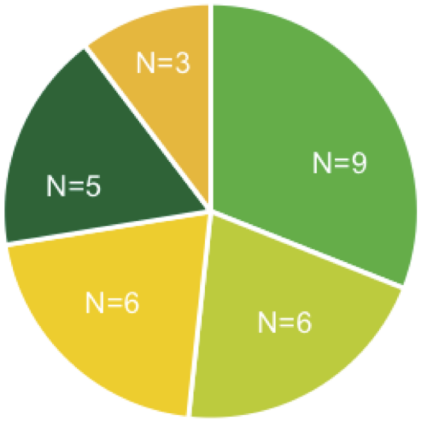
2296 Potential manuscripts

183 Remaining after removing duplicates + first relevance check

110 Abstracts selected based on eligibility criteria

44 Selected for full text analysis

29 Integrated in the review



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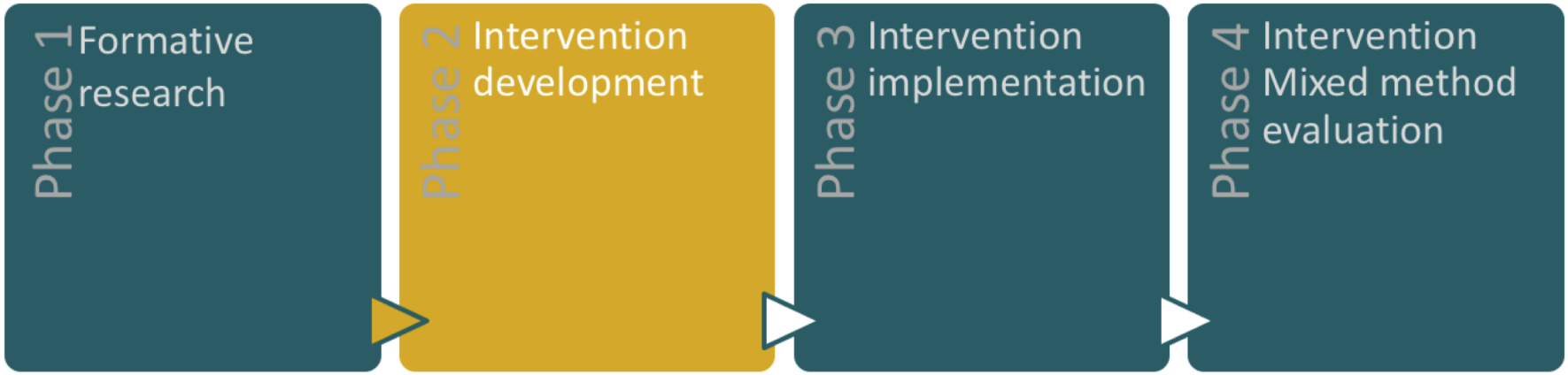

- ➔ **Development of '*Advice HIV-screening by GPs*' and dissemination plan**
- ➔ **Development of study design**

Advice HIV-screening by general practitioners

HIV-screening is important for patients and public health. In Belgium, a third of the HIV-patients is diagnosed late. On average, 22 months pass by in be-tween HIV-infection and diagnosis. During that period, there is a risk for HIV-transmission. While the risk for HIV-transmission is nearly nil when the in-fected patient takes medication, has an undetectable viral load (during the last six months) and has no other sexually transmitted infection.

A timely onset of medication increases the life expectancy and quality of life of the patient. Additionally, it is cost-effective in the long term. General practitioners are best placed to detect HIV at an early stage. It is therefore advised to pro-actively screen the groups mentioned below in a routinely manner, in addition to the current screening of pregnant women or on request of the patient.

PRO-ACTIVELY OFFER AN HIV-TEST TO:

Patients with a heightened risk

How often do I offer a test?

- ✓ Men who have sex with men
- ✓ People coming from sub-Saharan Africa and other high prevalence areas (even when long term residents or born in Belgium)
- ✓ Injecting drug users

At least every year. In case of risk behavior every three months. Make an assessment with your patient.

- ✓ People who had a sexual encounter with someone from the above-mentioned groups

Make an assessment with your patient on the basis of his or her behavior.

See: http://www.bhiva.org/documents/guidelines/testing/plineshivtest08.

Patients presenting with an HIV-indicator condition

- ✓ Sexually transmitted infections
- ✓ Hepatitis B or C (acute or chronic)
- ✓ Cervical dysplasia
- ✓ Herpes zoster
- ✓ Seborrheic dermatitis/ exanthema (long-term and recurrent)
- ✓ Unexplained fever (> 38°C, repeatedly measured, without apparent cause after one week)
- ✓ Unexplained leukocytopenia/ trombocytopenia (lasting longer than four weeks)

Always offer an HIV-test

- ✓ Unexplained weig
- ✓ Unexplained lymp
- ✓ Unexplained oral
- ✓ Unexplained chro
- ✓ Severe or atypical
- ✓ Unexplained perip
- ✓ Recurrent pneum

See: http://hiveurope.eu/Portals/0/0

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Background information: patients with a heightened risk

HIV-prevalence in Flanders

Men who have sex with men (MSM)

- ✓ Overall: 4.9%
- ✓ Wide variation: 14.5% among visitors MSM sexclubs en 1.4% among youth

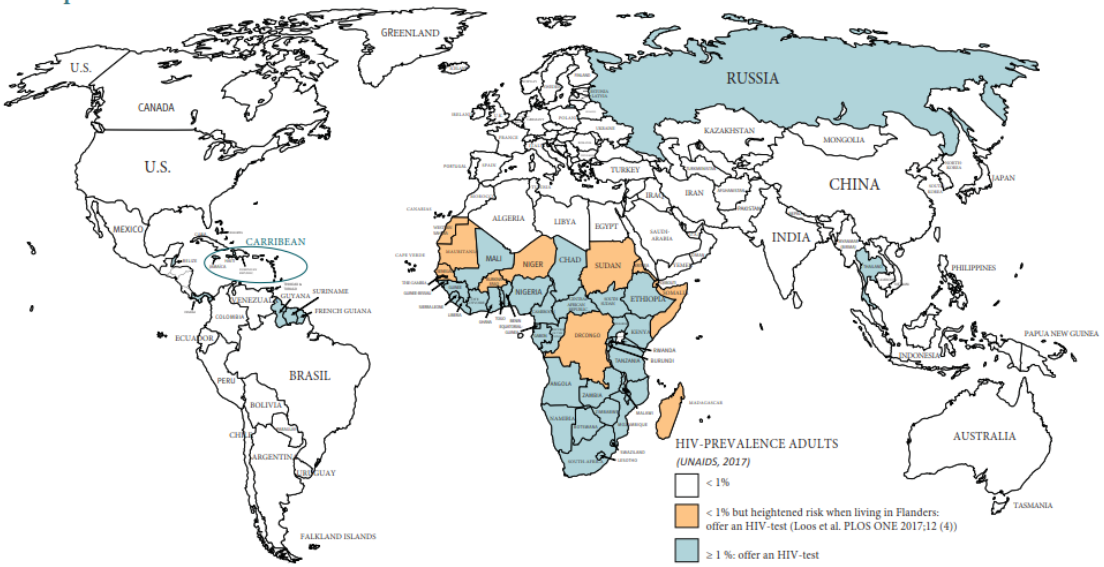
See: Vanden Berghe et al. Eurosurveillance 2011; 16(28)

People coming from sub-Saharan Africa:

- ✓ Overall: 4.8%
- ✓ Gender differences: 5.9% among women and 4.2% among men
- ✓ 23% of HIV-infected sub-Saharan Africans got infected in Belgium

See: Loos et al. PLOS ONE 2017; 12 (4) and Alvarez-Del Arco et al. AIDS 2017; 31(14)

HIV-prevalence in the world



Noslēgums

HERMETIC Guiding Framework

Guiding framework: Chapter III

Three cross cutting strategies:

- Use of scientific evidence
- Involvement of stakeholders
- Taking context into account

Five specific steps:

- Step 1: How to identify the problem and its influencing factors?
- Step 2: How to select the key populations and to bring about the most effective change?
- Step 3: How to define the intervention approach (and the study design)?
- Step 4: How to prepare for successful implementation?
- Step 5: How to implement an evaluate the intervention? → adaptation?

Paldies!

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